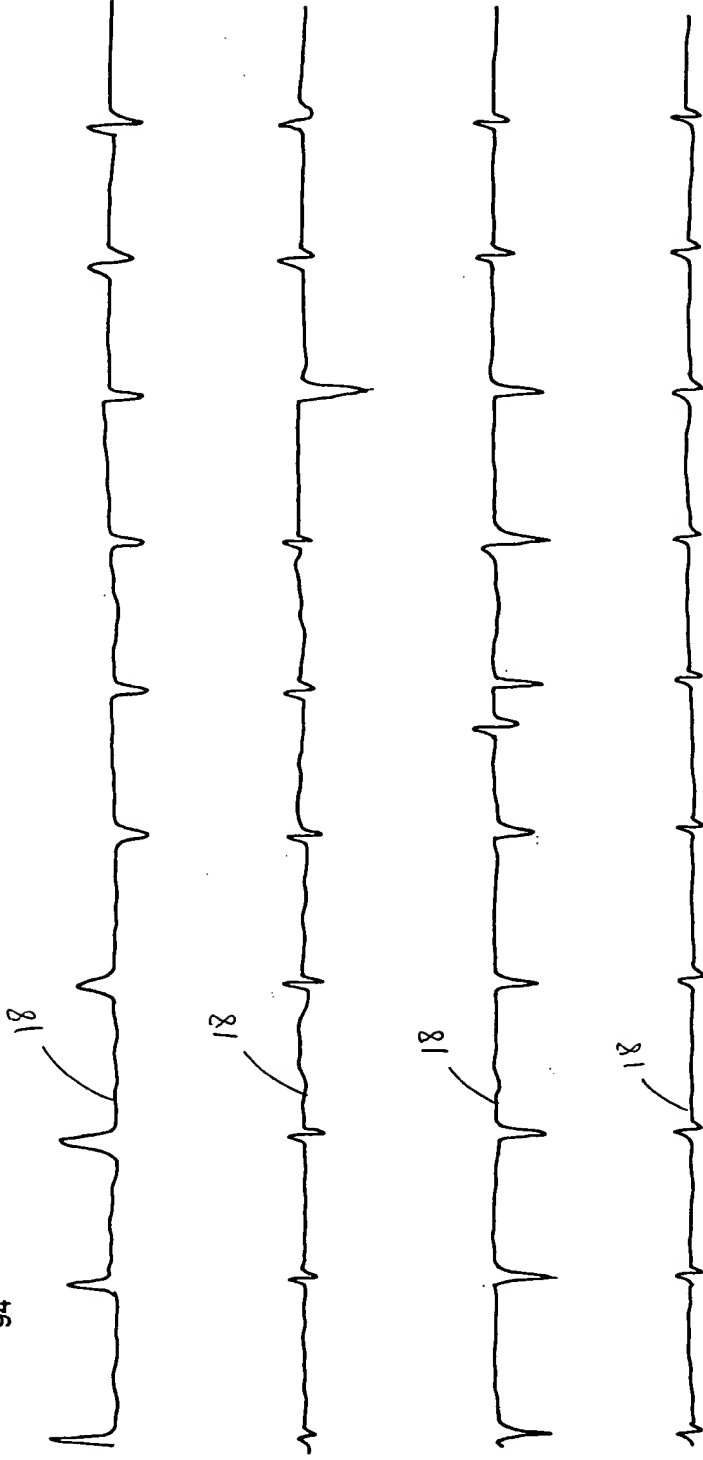


12 → 10  
Fig. 1  
BP: 160/95  
24  
66kg  
JOHN DOE  
07:39:36  
Male  
04/23/1992  
56 years  
010566  
Dx: Chest pain chief complaint  
Rate 58  
PR 158  
QRSD 91  
QT 415  
QtC 408  
- ACI-TIPI PREDICTED PROBABILITY OF ACUTE CARDIAC ISCHEMIA - 42%, based on:  
--- Patient is male, age greater than 50  
--- Patient has chief complaint of chest pain/discomfort or left arm pain  
--- No significant Q waves or primary ST segment abnormalities detected  
--- Anterior T waves flat or slightly inverted in two or more of leads V1 -V4  
- ACI-TIPI PROBABILITY MAY ASSIST PHYSICIAN TRIAGE JUDGEMENT (1.0111 5.1100 9.0050)

Reason Statements

-- AXIS --  
P 28  
QRS -37 94  
20



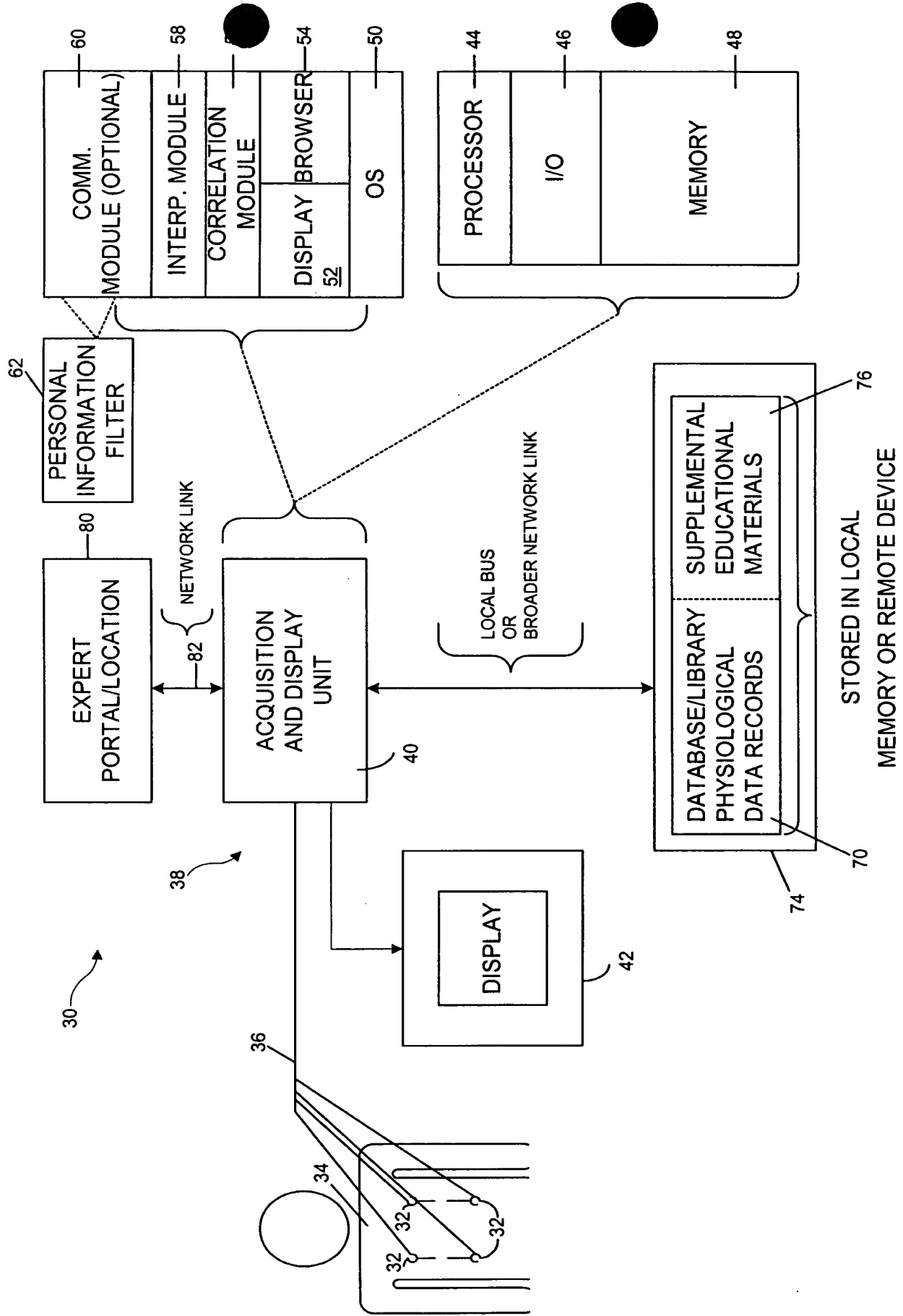
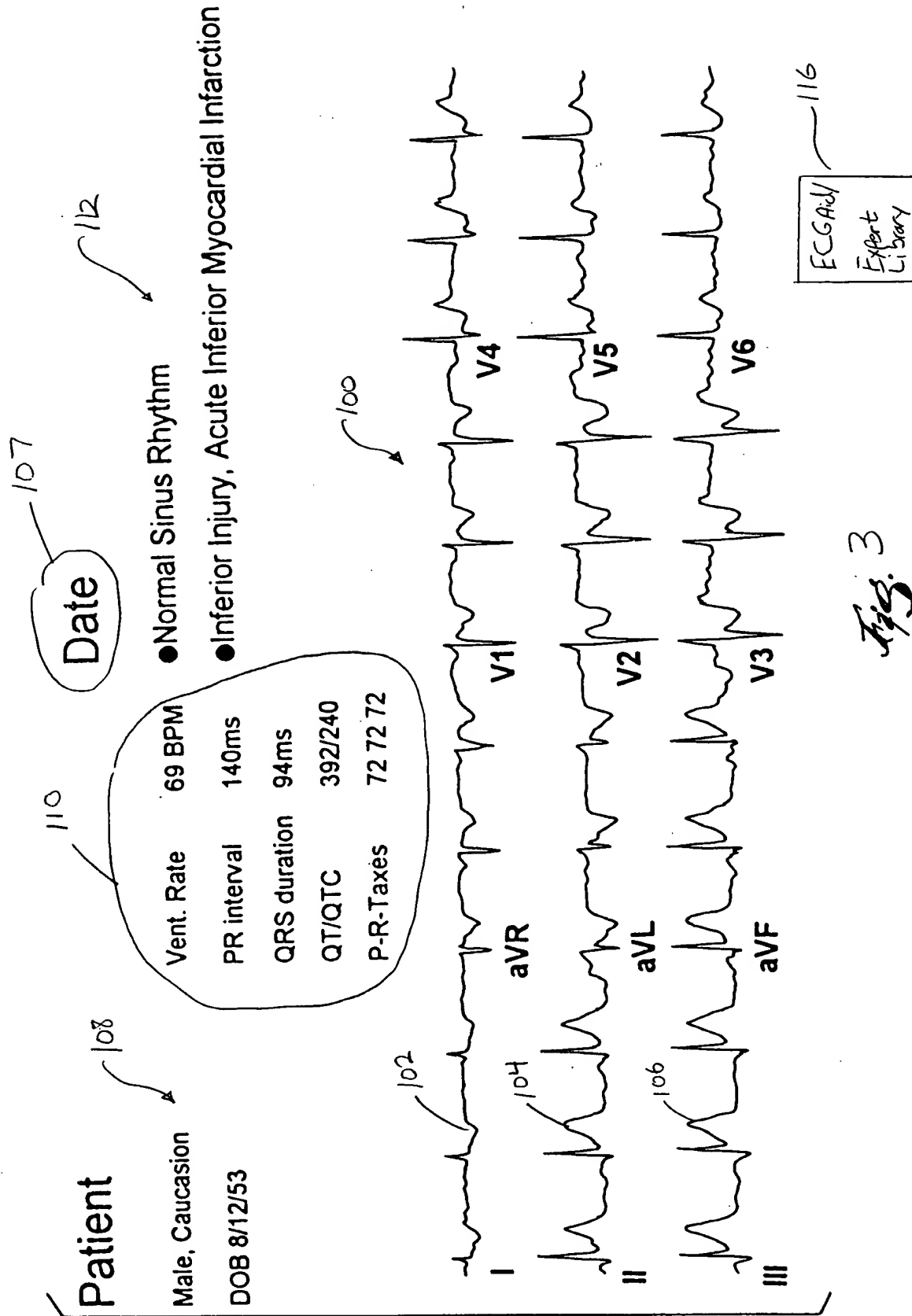


FIG. 2



28

aVR

Inferior ST elevation (concave character  
With upright T wave) in conjunction  
With reciprocal anterior ST depression.

120

122

Click ECG  
to zoom

## More

4

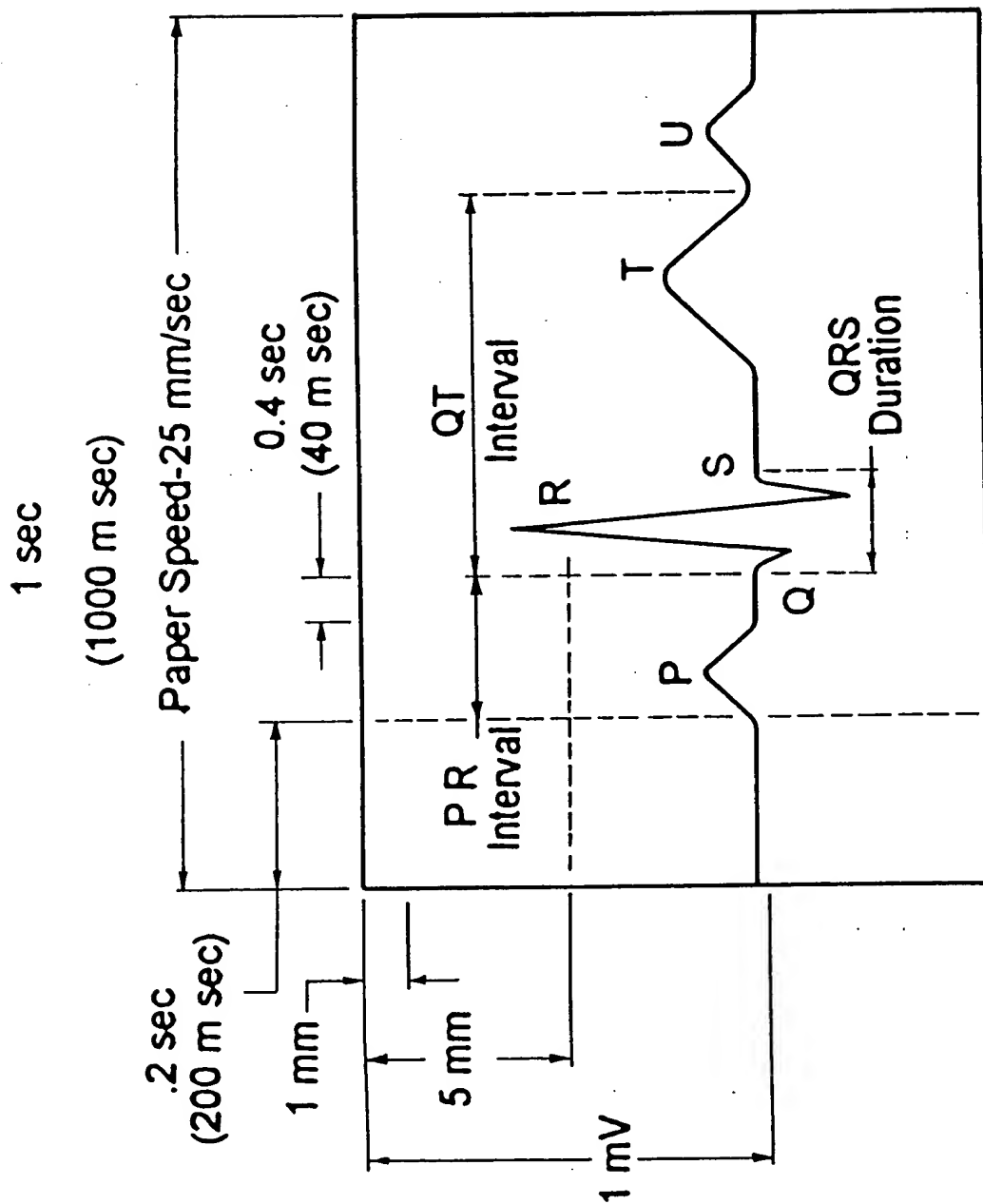
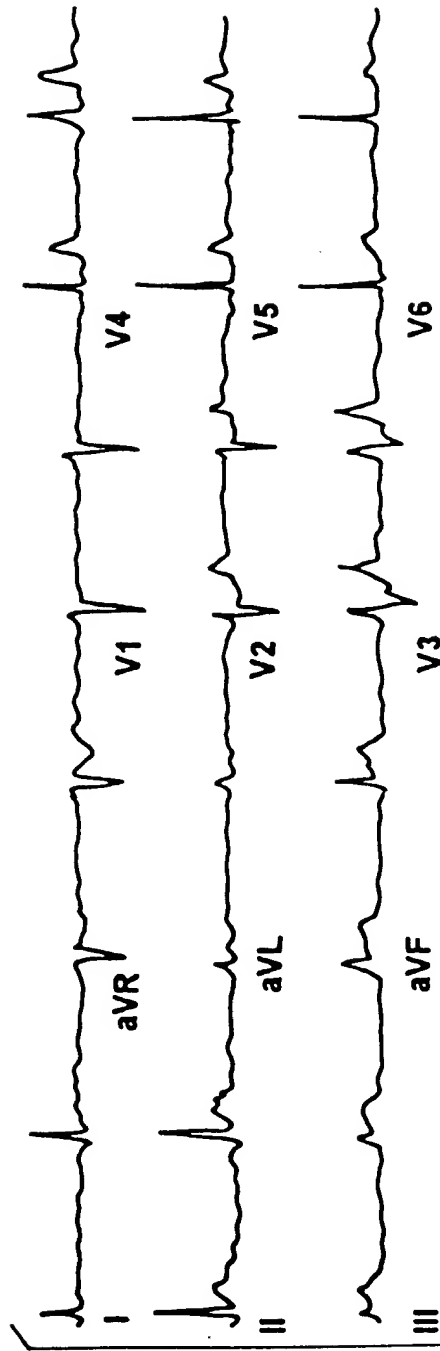
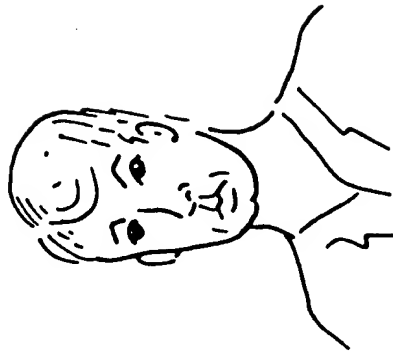


Fig. 5



91

“Although the ST/T contour in the inferior leads is concave this is a highly specific pattern of acute inferior myocardial infarction. Note the abnormal ST depression in V3. This coupled with the ST elevation in lead II, indicates acute inferior MI. The specificity for this call is 99%.”



**Dr. Expert**

Community Medical Center

6  
Lip

162